

STATE OF IDAHO
BUREAU OF OCCUPATIONAL LICENSES
1109 Main Street, Suite 220
Boise, Idaho 83702-5642

RESIDENT TRAINEE FINAL REPORT

I hereby submit my final resident trainee report in accordance with Title 54, Chapter 11, Idaho Code, and the Rules of the Idaho Board of Mortician Examiners. **A COPY OF THIS FORM MUST BE ATTACHED TO THE APPLICATION FOR LICENSURE**

I hereby certify that I was employed at the _____
NAME & LICENSE # OF FUNERAL ESTABLISHMENT

under the direct supervision of _____
NAME & LICENSE # OF IDAHO LICENSED MORTICIAN

This report covers the period from _____ to _____ during which time I: _____
(mm/dd/yyyy) (mm/dd/yyyy) (printed name)

Assisted in the embalming of _____ dead human bodies under direct supervision of the sponsoring mortician; and/or;

Assisted in making arrangements for _____ funerals; and conducted _____ funerals under direct supervision of the sponsoring mortician.

I hereby certify under penalty of perjury that the information provided above is true and correct to the best of my knowledge and belief and that I personally received the supervision noted. I further certify that I am of good moral character, and that I will provide any additional information concerning the my qualifications and fitness upon request.

Signature of trainee

MRT # _____

Subscribed and sworn to before me this _____ day of _____, 20____

(S E A L)

Notary Public

My commission expires _____

CERTIFICATION OF SUPERVISING MORTICIAN

I hereby certify under penalty of perjury that the information provided is true and correct to the best of my knowledge and belief; that I personally provided the supervision noted and was directly responsible for the named Trainee. I further certify that I believe the named trainee to be of good moral character, that the named trainees's performance was satisfactory, and that I will provide any additional information concerning the trainee's qualifications and fitness upon request.

(Signature of supervising Mortician)

Subscribed and sworn to before me this _____ day of _____, 20____

(S E A L)

Notary Public

My commission expires _____